	Cherokes
FOR INSTRUCTIONS, SEE BACK OF FORM DISCLOSURE SUMMARY RAGE Reset Form	FORM
DIOCEOUNIE SOMMANT PAGE	DR-2 DISCLOSURE
COMMITTEE NAME (Must be same as on Statement of Organization) MECANNON FOR SWINSISCH COMMITTEE	(Rev. 05/2002) REPORT
10/2CA10000 102000 V2002 CON(W11/102	For Office Use Only
IMPORTANT: Indicate type of committee you are reporting for:	Comm. #
(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support State of Candidates	IndexedAudited
CANDIDATE COMMITTEES ONLY:	
Candidate Name OEN E. M. CANNON Office Sought Office Sought OFFICE SUPERVISOR OFFICE	12-31-02A10:49 RCVD
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	12/31/02
SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	DATE SIGNED
Routine Penalties Due For Late Filed Reports Range from	\$20 to \$900
-	\$20 to \$000
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	
I AM FILING A TERMINATION REPORT FOR AN/A (1) ELECTION (report date)	
Y •	Committees, enter Date of Election
	ty & Local Committees enter County in
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	ty & Local Committees, enter County in Election is held
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Schedule F: Loan Repayments total (Attach Schedule F)

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YES NO

be zero) (Attach DR-3)\$

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F).....\$

**UNPAID BILLS (From Schedule D - Attach Schedule D).....\$

CASH ON HAND at the end of this reporting period (if final report, balance must

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

(Including candidate's personal funds)

COMMITTEE NAME (Mus	t be same as on Statement of O	rganization)
ME James	FOR SUPERVISOR	COMMITTER
1 200	100 - 1110	anninge

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED	PAC ID NUMBER (if applicable)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
(MM/DD/YR)	AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER INCOME
, ,	ID#	REBECCA BRYANT			
10/15/02	CK#	5969 V AUFL		\$50,00	
	ID#	AURELIA, JA. S1005			
1. (MARY J. BENSON 128 WALNUT			
10/16/02	CK#	Auszia, IA. S1005		50,00	
, ,	ID#	Dawis ALLEN			
10/17/02	CK#	5996 V AVE		250,00	
	104	AURELIA, JA. SIUOS			
11-	ID#	CHEROKER COUNTY DEMOCRATS MESTUNE PIGOTI, TIBES			
10/17/02	CK#	SEYOM AND CHEDOKET, IA. 51012		250.00	
	ID#	BARBARA RADKE			
10/18/02	CK#	6268 V AUT		40,00	
111.		AURELIA, JA SICOS		70,00	
! - !	ID#	ER. T.B. MENKE 1217 N 2ND St., Suite 2			
10/23/02	CK#	CHELOKER, IA. SIDIZ		50.00	
	ID#	Ron Jones			
10/24/02	CK#	5273 V AVR		<i>~</i>	
	Ore	AURELIA, JA. 51005		50,00	
	ID#	(WITHMIZED CONTRIBUTION)			
	CK#	Diring Period		83.75	
	ID#				
	CK#	10	1		
	ID#	LAST TRM			
	CK#				
			SUB-TOTAL	. 87375	

TOTAL (if last page of this schedule)

Page to (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

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1 2 5 7		25.00	OF STATE	- 1	
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20.0		4	4. 52.	-6.0	

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF INDING FORM

ME(ANNON F	ar probliser (am	MITTE		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPO: (DESCRIBE TRA		AMOUNT EXPENDED
iolisloz		MARCUS NEWS 401 N. MAIN MARCUS, IA. 51035	NEWS PAPA ADS	.V.	\$ 107.10
10/18/02	ID# CK#	KCHE RADIO 200 LINDON STORE CHEROKER, JA. 51012	Rano ADS		180,00
10/25/02	ID# CK#	KCHE RADIO 200 LINGEN STRAFT CHEROKAT, IA. SIOJZ	RADIO ADS		3∞.00
12/11/02	ID# CK#	THE CHONICLE TIMES 113 S. 2ND CHEROKAZ, JA. SIO12	NEUSPA ADS	PCR	463,S0
	ID# CR#				
	ID# CK#	LAST FIRM			
	ID# CK#	Ass.			
	ID# CK#				
			TOTAL (if last page o	SUB-TOTAL of this schedule)	\$ 1050,60 \$ 1050.60

****	DAV	ABB: IFA		~		COMMIT		
I MIS	HUJK	APPL IFS	1()1	T:ANIHI	ATES	COMMIT	LEES UN	1 V.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail Itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	1	1	of	1	
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FOR	INSTRUCTIONS	SEE BACK OF	CODA
run.	INSTRUCTIONS.	SEE DAUN UP	FURM

COMMITTEE NAME (Must be same as on Statement of Organization)	_
MECANION FOR SUPLEVISOR COMMITTER	

000000000

Reset Form

12-31-02 10:49 RCVD

RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
12/11/02	GEN E. MECHNEN 137 WALNUT - PO BOX 758 AUDZUA IA. SIUUS	CANDIDATE	FOLGIVEN	\$ 1334.72	
	Gg.				
		A. C.			
		,			
			SUB-TOTAL TOTAL (If last	\$ 1334.72_	
			page of this schedule)	1334.72	

 $\begin{array}{c} \text{committee and communications and communications and communications } \\ \text{compositions and communications are communications and communications and communications are communications and communications and communications are communications are communications and communications are communications and communications are communications and communications are communications and communications are communications are communications are communications and communications are communications are communications and communications are communic$

PAGE 1 OF 1

					Reset Form	SCHEDULE		
DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD							00 00 000	
MCannon for Supervisor Committee						(Rev. 08/96) (II	0000000 000000	
NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.							S BOX IF	
TOTAL WIPAN LOADS FROM USS BANTING HEID : 50.00						AMENDING	FORM	
MONTAN	LOWS RECEIVED THE RESON	THE FREIDS				L		
(Ori	ginal source of loan, such as a bank, must be sho lved. Include loans from candidate's personal fu	own if a third party is			ans forgiven must be reported on Schedule E -			
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN	DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID	
	GEN E. MECANNON		\$				\$	
12/11/02	137 Warret - Po Box 758	CANDIDATE	101/12					
	137 WALLET - PO BOX 758 ALDZUA JA. S1005	Merianz	184,72					
		 						
	LAST TIRM							
	48							
	-4							
							Į.	
TOTAL (PART 1) \$ 184.72					TOTAL CASH REPAYMENTS (PAR	T (1)	\overline{C}	
Ψ				1721172				
					ITSTANDING LOANS END OF REPORT PER	RIOD \$		
making a conti	w requires candidate committees to disclose the ribution to the committee. Relationship must be s	shown to the third dec	ree of					
consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial								
relationship, enter "not applicable" in the relationship column when it applies.					Page	of		
						(for Schedule F)		

SCHEDULE